PTO/SB/06 (08-03)

TOTAL

ADD'L FEE

OR

Apparved for use through 7/31/2006, OMR ISST-nn 15 Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CTIME CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR : (Column 1) (Column 2) SMALL ENTITY FOR ! NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE (37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)). minus 20 = OR INDEPENDENT CLAIMS-(37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter '0' in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING **PRESENT** NUMBER **RATE** ADDI-RATE ADDI-**AFTER EXTRA** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE MON Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1,16(b)) Minus Ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column:1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING PRESENT NUMBER RATE RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT <u>ω</u> PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus MO 0R Independent (37 CFR 1.16(b)) Minus FIRST PRESENTATION OF AMILTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST \circ REMAINING NUMBER PRESENT **RATE** ADDI-RATE ADDI-ENT **AFTER EXTRA** PREVIOUSLY TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE ENDME Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

> * If the entry in column 1 is less than the entry in column 2, write *0* in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Substitute for Form PTO-875						Applica	Application or Dockel Number 587		
	SMALL ENTITY		OR		R.THAN-				
COD	(Column 1) (Column 2)) I	LIVITI	7	SMALI	L ENTITY		
BASIC FEE	NUMBER FILED	MUM	BER EXTRA	RATE	FEE		RATE	FEE	
(37 CFR 1.16(a)) TOTAL CLAIMS			\$	OR	BUSIC	<u>,740</u>			
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+\$=		OR	+\$ =		
* If the difference in column 1 is less than zero, enter *0" in column 2.			TOTAL	-	OR .	TOTAL	740		
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(Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHE	R THAN	
l C l R	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ENTITY ADDI-	
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· · · · · · · · · · · · · · · · · · ·	CLAIMS MAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	# -	RATE	ADDI-	
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(37 CFR 1.16(b))		7		x \$=		OR	x \$_{\$\frac{1}{2}} =	258	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$=		OR :	+ \$=		
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate how in actions 4.									

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